Work Order ID 81130

March 8, 2012 3:21:02 PM

81130

Item ID: D3636-041 **Accept** *N900040100* **Setup Start** *NS1*

Revision ID:

Item Name: Shoulder Harness **Stop** *NS2*

Start Date: 3/08/12 **Start Qty:** 8.00 *8* **Cust Item ID:**

Required Date: 3/30/12 **Req'd Qty:** 8.00 *8* **Customer:**

Reference:

Approvals: **Process Plan:** CL **Date:** 12/03/08 **Tooling:** ____ **Date:** ____ **Run Start** *NR1*

QC: ____ **Date:** ____ **SPC (Y/N):** ____ **Date:** ____ **Stop** *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr D3636	**Revision Nbr** Rev B								
100 *100* Purchasing Purchasing	PURCHASING	0.00							R/12-038
	Memo Issue P/O: 14388 Purchase Part Number: P/N 3104-1-061-2396 AMSAFE INC., PHOENIX, ARIZONA Certificate of conformity is required	0.00	Supplier:						
110 *110* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							1/14/3/08 (8)
	Memo Ensure certificate of conformity is attached	0.00							
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing	0.00	S 12/03/29			(x8)			
	Memo	0.00							

Dart Aerospace Ltd

W/O:	WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID 81130

March 8, 2012 3:21:02 PM

81130

Item ID: D3636-041 **Accept** *N900040100* **Setup** **Start** *NS1* **Stop** *NS2*

Revision ID:

Item Name: Shoulder Harness

Start Date: 3/08/12 **Start Qty:** 8.00 *8* **Cust Item ID:**

Required Date: 3/30/12 **Req'd Qty:** 8.00 *8* **Customer:**

Reference:

Run **Start** *NR1* **Stop** *NR2*

Approvals: **Process Plan:** ____ **Date:** ____ **Tooling:** ____ **Date:** ____

QC: ____ **Date:** ____ **SPC (Y/N):** ____ **Date:** ____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Packaging	Identify as per dwg & Stock Location: ST266	0.00				(8) SP 12-03-30			
Packaging	**Memo**	0.00							
140 *140* QC	QC21- Final Inspection - Work Order Release	0.00				12/4/12			
Quality Control	**Memo**	0.00							

12-03-30

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
			Corrective Action Section B					
DATE	STEP	Description of NC Section A	Initial Chief Eng	Action Description Chief Eng	Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector

NOTE: Date & initial all entries

Picklist Print

March 8, 2012 3:21:01 PM

Work Order ID: **81130**

Parent Item: **D3636-041** — **Start Date:** 3/08/12 — **Required Date:** 3/30/12

Parent Item Name: Shoulder Harness — **Start Qty:** 8.00 — **Required Qty:** 8.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P Shoulder Harness		Purchased	No			110	Each	6.0000	1	8			

Location	Loc Qty	Loc Code
ST	6	
80154	6	

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

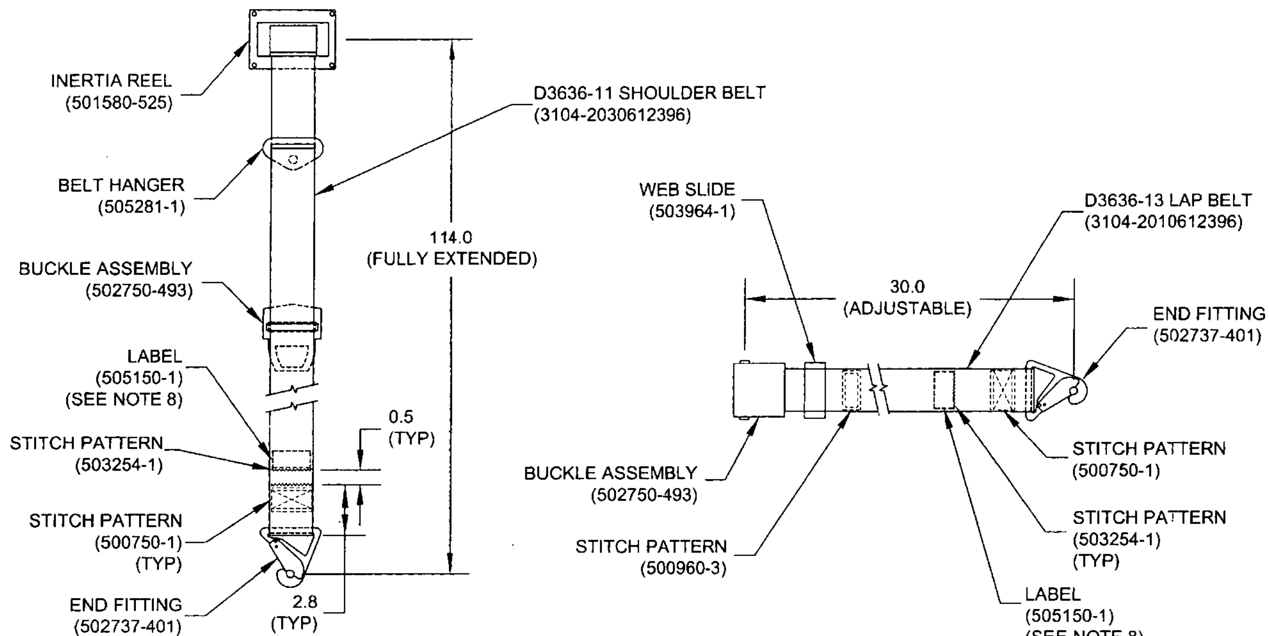
Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

SPECIFICATION CONTROL DRAWING



D3636-041 SHOULDER HARNESS

RELEASED 07.11.14

NOTES:

1) DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING
   2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114
   WITH MINIMUM STRENGTH OF 2500 LBS
2) PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)
   AMSAFE INC., PHOENIX, ARIZONA
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: N/A
6) IDENTIFICATION: N/A
7) WEIGHT: 1.7 lbs
8) LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11/-13
   (613) 632-3336

CL 12/03/08

W10: 81130

REV.	DESCRIPTION	BY	DATE
B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10601	LE	07.07.27

DESIGN	CV	DART AEROSPACE USA, INC PORT HADLOCK, WA
DRAWN	LE	
CHECKED	PH	DRAWING NO. D3636 — REV. B — SHEET 1 OF 1
MFG. APPR.	N/A	
APPROVED	[signature]	TITLE: SHOULDER HARNESS — SCALE: NTS
DE APPR.	[signature]	
DATE	07.10.16	

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO16388

Purchase Order Date 3/8/2012
PO Print Date 3/8/2012

VU-AMS001

Order From :
AMSAFE INC.
LOCKBOX #5
P.O BOX 53075
PHOENIX, AZ 85072-3075
US

Contact Name
Vendor Phone 602 850 2850
Vendor Fax 602 850 2812
Vendor Account Nbr

Buyer Brigitte Golden
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency USD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference / Revision ID / Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3636-041P	Shoulder Harness	3/30/2012 Yes	8.00 Each	FedEx PI collect	$292.1100	$2,336.88

Special Inst: As per Dwg: D3636 Rev: B
B81130
AmSasfe p/n 3104-1-061-2396

PO Total: $2,336.88

No substitution or deviation without consent.
Certificate of Conformity or Material Certification required when applicable

Change Nbr: 2 **Change Date:** 3/8/2012

AmSafe

1043 NORTH 47th AVENUE
PHOENIX, AZ 85043
PH (602)850-2850 FAX (602)850-2812

SHIPPER/CERTIFICATION

CUSTOMER NO.	SALES ORDER NO.	BOL NO.	DATE PRINTED	PAGE NO.
10006113	S229617	000261530	03/27/12	1

DART AEROSPACE
1270 ABERDEEN STREET
HAWKESBURY
ONTARIO, CANADA K6A 1K7
Canada

DART AEROSPACE LTD.
1270 ABERDEEN ST
HAWKSBURY,, ON K6A 1K7
Canada

Ship to ID: 10006125

CUSTOMER ORDER NO	TERMS	FREIGHT	SHIP VIA	F.O.B.
PO16388	NET30	COLLECT	FedEx P1 10:30 AM	ORIGIN

Sales Order Remarks: 1517 9324 0

SHIPMENT REFERENCE 000261530

Remarks:

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
	Cust. Item No.: D3636041				8	
1	3104-1-061-2396	DRAWING: 3104 CERT: TSO C114	2012 03 28	8		
	REST SYS ASSY	REV: G Lot/Serial Numbers Shipped Quantity Expire Ref.				0
		S229617 1 8.0				

S 12/03/28

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non TSO function. The non TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X [signature]

Printed Name: [signature] Dated: MAR 27 2012

COUNTRY OF ORIGIN USA

1. Approving National Aviation Authority/Country: FAA/United States	2. **AUTHORIZED RELEASE CERTIFICATE** **FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG**	3. Form Tracking Number: S229617-1NA
4. Organization Name and Address:	**AmSafe Aviation** 1043 North 47th Avenue Phoenix, Arizona 85043 Cert. No. **PT1967NM**	5. Work order/Contract/Invoice Number: S229617 - 1 — PAGES ATTACHED

6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:
1	REST SYS ASSY	3104-1-061-2396	N/A	8	N/A	NEW

13. Remarks:
Drawing: **3104**
Rev: **G**
TSO: **TSO-C114**
DMF: AC312

EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA

14. Certifies the items identified above were manufactured in conformity to: [X] Approved design data and are in a condition for safe operation [ ] Non-approved design data specified in Block 13.	19. [ ] 14 CFR 43.9 Return to Service [ ] Other regulation specified in Block 13 **Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.**

15. Authorized Signature: [signature]	16. Approval/Authorization No.: **ODA602112NM**	20. Authorized Signature	21. Authorized/Certificate No.
17. Name (typed or printed) Nellie Alvarado	18. Date (m/d/y): MAR/26/2012	22. Names (typed or printed)	23. Date (m/d/y):

User/Installer Responsibilities

It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.

Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.

FAA Form 8130-3 (6-01)

* Installer must cross check eligibility with applicable technical data.

NSN: 0052-00-012-9005